



# **Hawaii Employer-Union Health Benefits Trust Fund (EUTF)**

## **ENROLLMENT GUIDE Plan Year 2009**

**FOR ACTIVE EMPLOYEES**  
*Effective July 1, 2008*

**Open Enrollment: April 14 to May 14, 2008**  
**Benefit Fairs: April 14 to May 9, 2008**  
**Election Form Deadline: May 14, 2008**

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### Attention: Medicare Eligible Members

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you additional choices for prescription drug coverage through Medicare Part D. The EUTF sponsored prescription drug plan, except for the supplemental plans, offers benefits that are as good, or better, than the standard Medicare Part D plan coverage. Your Notice of Creditable Coverage is on page 19.

If you are enrolled in the supplemental medical plan, your prescription drug coverage is considered to be non-creditable when compared to the standard Medicare Part D plan. Please refer to the Notice of Non-Creditable Coverage that begins on page 21.

**WELCOME!**

This is your Open Enrollment Guide for the 2009 Plan Year. Please follow the instructions in this guide carefully. Take the time to review the plan options available to you. If you are making any changes, be sure to turn in your election forms by **May 14th, 2008.**

**Note:** If you have made or submitted any changes since February 1, 2008, your changes may not be reflected on the benefit notice which lists your current benefit plan enrollments. You may contact the EUTF to verify any changes submitted after that date.

**HIGHLIGHTS FOR PLAN YEAR 2009 (July 1, 2008 through June 30, 2009)**

Plan	Carrier	Benefit Changes
Medical	HMA	No Change
	HMSA	Minor language clarifications and administrative changes eff. 7/1/08
	Kaiser	Please see Page 9 for details
	Royal State National	No Change
Chiropractic	Royal State National	No Change
Prescription Drug	NMHC	No Change
Dental	HDS	No Change
Vision	VSP	No Change
Life Insurance	Standard	No Change

**IMPORTANT: OPEN ENROLLMENT DATES****Open Enrollment is from April 14, 2008 to May 14, 2008.**

Effective date for changes will be July 1, 2008.

Each active employee is receiving this guide along with an open enrollment benefit notice that contains the information that the EUTF had as of March 1, 2008. Each employee is asked to review the information for accuracy. If you have any changes, please complete an EC-1, Enrollment Change form with your selections and submit the form to your personnel office.

**Special Note for New or Newly-eligible Employees**

If you became eligible for benefits as a new or newly-eligible employee during the months of February, March or April, you may not have received the open enrollment benefit notice which lists your current benefit plan enrollments. If you want to make changes to your plans, coverage or dependents, you will need to submit an EC-1 during the open enrollment period to make these changes. You can get an EC-1 from the EUTF website or from your personnel office.

If you were hired in May or June, 2008, you also should have received instructions from your employer to enroll for the subsequent plan year that begins on July 1, 2008. Please check with your personnel office for more information or contact the EUTF for assistance.

## OPEN ENROLLMENT INSTRUCTIONS

**Step 1:** Review the choices available to you and decide whether you want to change or keep your plans. Review the Plan Comparison Charts which summarize plan benefits beginning on [page 12](#).

**Step 2:** If you have questions about your plan choices, please attend a Benefit Fair.

During Open Enrollment, all State and county employees are invited to explore healthcare and insurance options at the Benefit Fairs. The following insurance carriers and administrator representatives will be on hand to answer your questions about their benefit plans.

Medical plans:	HMA	HMSA	Kaiser	Royal State National
Chiropractic plan:	Royal State National			
Prescription Drug plan:	NMHC			
Dental plan:	HDS			
Vision plan:	VSP			
Life insurance:	Standard Insurance Company			

**Step 3:** Review your Open Enrollment materials and the Summary of Benefits on [page 12](#) of this guide.

If you want more specific information regarding the different plans, please contact the applicable insurance carrier for your personal copy of their plan details. You can access the EUTF website, [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov) for the latest information regarding the open enrollment.

**Step 4:** **Make your selections on the EC-1 form and submit the completed and signed form to your agency/department open enrollment designee no later than May 14, 2008.**

The designee may be your office secretary, financial officer, human resources personnel—find out who has been designated by your agency/department. It is very important that you submit your completed form on time.

**A:** To make any changes to your personal information, simply complete the corrected information on the EC-1 form.

**B:** To make changes to your plan or coverage, make your selections on the EC-1, Enrollment Change form, and submit the completed and signed form to your designated open enrollment contact.

**C:** To add a dependent, enter the appropriate information in the dependents section.

**NOTE:** You will notice that your benefit notice does not include your social security number. The HB number is your EUTF ID number. You will need to provide this ID number when communicating with the EUTF. If you are adding a new dependent, you are required to submit your dependent's social security number at the initial enrollment.

**IT IS ABSOLUTELY CRITICAL THAT YOU SUBMIT ANY CHANGES TO YOUR PERSONNEL OFFICE NO LATER THAN MAY 14, 2008.** Forms submitted after May 14, 2008 will be rejected.

**Step 5:** The EUTF will forward your enrollment confirmation notice by the end of June 2008. The confirmation notice allows you to ensure that the changes you submitted were entered correctly. You may make corrections to your enrollment that you submitted on the EC-1 enrollment form. **NO CHANGES TO YOUR ORIGINAL SELECTIONS WILL BE ALLOWED AFTER May 14, 2008.** Only corrections will be accepted after May 14, 2008!

**If you want to change your benefits or make other changes:**

You must make changes during the open enrollment period if:

- You want to choose a different benefit plan
- You want to change coverage for dependents

You can add dependents, including spouse, children or a domestic partner (DP) to your plan during open enrollment. To add a DP to your plan, please contact the EUTF to obtain the documents required to enroll a DP or go to the EUTF website, [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov), to download the appropriate forms.

Remember, under EUTF rules, employees are required to notify the EUTF of changes in dependent eligibility. Failure to do so may result in loss of premiums and additional benefit rights, such as COBRA, for dependents.

**IMPORTANT: If any of your dependents are deleted due to a divorce, or becoming ineligible due to age or loss of student status, do not submit these deletions with your open enrollment changes. These changes should be reported when the event occurs.**

### Monthly Premiums and Employer/Employee Contributions

Carrier or Administrator	Type of Plan	Coverage	Premiums Except BU 7 & BU 12*	Employer Contribution	Employee Contribution
EUTF PPO (HMA) NMHC Drug RSN Chiropractic	PPO Medical, Drugs, and Chiropractic	Self	\$274.78	\$169.22	\$105.56
		Two Party	\$666.68	\$410.20	\$256.48
		Family	\$850.46	\$523.72	\$326.74
EUTF PPO (HMSA) NMHC Drug RSN Chiropractic	PPO Medical, Drugs, and Chiropractic	Self	\$280.20	\$169.22	\$110.98
		Two-Party	\$679.82	\$410.20	\$269.62
		Family	\$867.24	\$523.72	\$343.52
EUTF HMO (HMSA) Prescription Drug RSN Chiropractic	HMO Medical, Drugs, and Chiropractic	Self	\$302.56	\$169.22	\$133.34
		Two-Party	\$734.06	\$410.20	\$323.86
		Family	\$936.44	\$523.72	\$412.72
Kaiser Comprehensive Prescription Drug RSN Chiropractic	HMO Medical, Drugs, and Chiropractic	Self	\$292.30	\$169.22	\$123.08
		Two-Party	\$708.76	\$410.20	\$298.56
		Family	\$904.64	\$523.72	\$380.92
Kaiser Basic Prescription Drug RSN Chiropractic	HMO Medical, Drugs, and Chiropractic	Self	\$261.10	\$169.22	\$91.88
		Two-Party	\$632.96	\$410.20	\$222.76
		Family	\$807.92	\$523.72	\$284.20
HMSA Supplemental NMHC Drug RSN Chiropractic	Supplemental Medical, Drugs, and Chiropractic	Self	\$167.00	\$101.30	\$65.70
		Two-Party	\$405.14	\$245.38	\$159.76
		Family	\$516.84	\$313.48	\$203.36
Royal State Supplemental RSN Drug RSN Chiropractic	Supplemental Medical, Drugs, and Chiropractic	Self	\$56.62	\$35.06	\$21.56
		Two-Party	\$139.74	\$86.14	\$53.60
		Family	\$157.40	\$97.82	\$59.58
EUTF High Deductible Health Plan (HMSA) Prescription Drug	PPO Medical and Drugs	Self	\$206.34	\$169.22	\$37.12
		Two-Party	\$500.62	\$410.20	\$90.42
		Family	\$638.62	\$523.72	\$114.90
EUTF Prescription Drugs Only (NMHC)	Prescription Drugs Only	Self-only	\$53.64	\$32.42	\$21.22
		Two-Party	\$130.14	\$78.60	\$51.54
		Family	\$166.02	\$100.36	\$65.66
HDS	Dental	Self	\$28.24	\$17.06	\$11.18
		Two-Party	\$56.54	\$34.18	\$22.36
		Family	\$93.02	\$70.66	\$22.36
VSP	Vision	Self	\$6.04	\$3.64	\$2.40
		Two-Party	\$11.18	\$6.76	\$4.42
		Family	\$14.62	\$8.84	\$5.78
Standard Insurance	Life Insurance	Employee	\$4.16	\$4.16	None

\*BU 7 and BU 12 employees should contact their employer or go to the EUTF website ([www.eutf.hawaii.gov](http://www.eutf.hawaii.gov)) for information regarding their premiums and contributions.

FOR ALL EUTF Active Participants and Retirees			
<u>Date</u>	<u>Presentation Time</u>	<u>Facility</u>	<u>Location</u>
14-April	8:30 – 10:30 a.m.	U.H. Kuykendall Auditorium	University of Hawaii
14-April	1:00 – 3:00 p.m.	U.H. Kuykendall Auditorium	University of Hawaii
15-April	8:30 – 10:30 a.m.	LCC (GT 105)	Leeward Community College
15-April	1:00 – 3:00 p.m.	LCC (GT 105)	Leeward Community College
16-April	8:30 – 10:30 a.m.	Kapolei Hale (CF A&B)	Kapolei
16-April	1:00 – 3:00 p.m.	Kapolei Hale (CF A&B)	Kapolei
17-April	8:30 – 10:30 a.m.	LCC (GT 105)	Leeward Community College
17-April	1:00 – 3:00 p.m.	LCC (GT 105)	Leeward Community College
18-April	8:30 – 10:30 a.m.	Maui Okinawa Cultural Center	Wailuku
18-April	1:00 – 3:00 p.m.	Maui Okinawa Cultural Center	Wailuku
21-April	9:00 – 11:00 a.m.	War Memorial Convention Center (Hall)	Lihue
21-April	1:00 – 3:00 p.m.	War Memorial Convention Center (Hall)	Lihue
23-April	8:30 – 10:30 a.m.	Kapolei Hale (CF A&B)	Kapolei
23-April	1:00 – 3:00 p.m.	Kapolei Hale (CF A&B)	Kapolei
23-April	8:30 – 10:30 a.m.	WCC (Akoakoa 101&103)	Windward Community College
23-April	1:00 – 3:00 p.m.	WCC (Akoakoa 101&103)	Windward Community College
24-April	10:00 – 12:00 p.m.	Honokaa High School (Cafeteria)	Hilo
25-April	8:30 – 10:30 a.m.	Maui Okinawa Cultural Center	Wailuku
25-April	1:00 – 3:00 p.m.	Maui Okinawa Cultural Center	Wailuku
28-April	9:00 – 11:00 a.m.	Kona Armory	Kealahou-Kona
28-April	1:30 – 3:30 p.m.	Kona Liquor Control Office	Kailua-Kona
29-April	9:00 – 11:00 a.m.	War Memorial Convention Center (Hall)	Lihue
29-April	1:00 – 3:00 p.m.	War Memorial Convention Center (Hall)	Lihue
30-April	9:00 – 11:00 a.m.	Aunt Sally's Lu'au Hale	Hilo
30-April	1:00 – 3:00 p.m.	Aunt Sally's Lu'au Hale	Hilo
1-May	9:00 – 11:00 a.m.	Aunt Sally's Lu'au Hale	Hilo
1-May	1:00 – 3:00 p.m.	Aunt Sally's Lu'au Hale	Hilo
5-May	8:30 – 10:30 a.m.	State Capitol Auditorium	Honolulu
5-May	1:00 – 3:00 p.m.	State Capitol Auditorium	Honolulu
6-May	8:30 – 10:30 a.m.	State Capitol Auditorium	Honolulu
6-May	1:00 – 3:00 p.m.	State Capitol Auditorium	Honolulu
7-May	8:30 – 10:30 a.m.	State Capitol Auditorium	Honolulu
7-May	1:00 – 3:00 p.m.	State Capitol Auditorium	Honolulu
8-May	8:30 – 10:30 a.m.	U.H. Kuykendall Auditorium	University of Hawaii
8-May	1:00 – 3:00 p.m.	U.H. Kuykendall Auditorium	University of Hawaii
9-May	8:30 – 10:30 a.m.	WCC (Akoakoa 101&103)	Windward Community College
9-May	1:00 – 3:00 p.m.	WCC (Akoakoa 101&103)	Windward Community College
9-May	8:30 – 10:30 a.m.	LCC (GT 105)	Leeward Community College
9-May	1:00 – 3:00 p.m.	LCC (GT 105)	Leeward Community College

**Benefit Fair Locations****HAWAII**

Aunt Sally's Lu'au Hale  
799 Piilani Street  
Hilo, HI 96720

Department of Defense, Kona Armory  
81-1032 Nani Kupuna Road  
Kealahakua-Kona, HI 96740

Honokaa High School  
45-527 Pakalana Street  
Honokaa, HI 96727

Kona Liquor Control Office  
75-5722 Hanama Place, #1107  
Kailua-Kona, HI 96740

**KAUAI**

War Memorial Convention Center  
4191 Hardy Street  
Lihue, HI 96766

**MAUI**

Maui Okinawa Cultural Center  
688 Nukuwai Street  
Wailuku, HI 96793

**OAHU**

Leeward Community College  
96-045 Alaike Street  
Pearl City, HI 96782

Kapolei Hale, Conf Rm A, B, & C.  
1000 Uluohia Street  
Kapolei, HI 96707

U.H. Kuykendall Auditorium  
2445 Campus Road  
Honolulu, HI 96822

State Capitol Auditorium  
415 South Beretania Street  
Honolulu, HI 96813

Windward Community College  
45-720 Kealahala Road  
Kaneohe, HI 96744



**CHOICES FOR PLAN YEAR 2009**

***All plan benefits will remain unchanged for the 2009 Plan Year, except as noted below for HMSA and Kaiser.***

**Medical Health Plan Options**

See Page 12 for plan comparisons

**Preferred Provider Organization Options:** EUTF PPO Medical (HMA), EUTF Drug (NMHC) & RSN Chiropractic  
EUTF PPO Medical (HMSA), EUTF Drug (NMHC) & RSN Chiropractic

A Preferred Provider Organization (PPO) is a medical plan that provides a higher benefit if you visit doctors that are part of the plan's network. If you decide to see a physician who is not a member of the plan's network, benefits will be at a reduced level. Most PPO plans, including the ones offered to you by the EUTF, require coinsurance or co-payments for services. HMSA has made minor language clarifications and administrative changes that are effective July 1, 2008.

**Health Maintenance Organization Options:** Kaiser Comprehensive, Prescription Drug & RSN Chiropractic  
Kaiser Basic, Prescription Drug & RSN Chiropractic  
EUTF HMO (HMSA Medical & Drug) & RSN Chiropractic

A Health Maintenance Organization (HMO) is a medical plan that allows you to visit doctors only within a specific network. HMOs usually charge a minimal co-payment for services. HMSA has made minor language clarifications and administrative changes that are effective July 1, 2008.

**Plan Changes (Effective July 1, 2008):**

- Kaiser Comprehensive Option:
  - The co-payment for emergency services received within the Hawaii service area will increase from \$25 to \$50 per visit.
  - The supplemental charges maximum will increase from \$1,500/\$4,500 to \$2,000 per member and \$6,000 per family unit (of three or more members) per calendar year.
  - The co-payment for immunizations will be no charge for members who are 18 years of age and under and \$10 per dose for members who are 19 years of age and over. However, the co-payment for flu and pneumococcal immunizations will be no charge.
- Kaiser Basic Option:
  - The co-payment for emergency services received within the Hawaii service area will increase from \$25 to \$75 per visit.
  - The supplemental charges maximum will increase from \$1,500/\$4,500 to \$2,000 per member and \$6,000 per family unit (of three or more members) per calendar year.
  - The co-payment for immunizations will be no charge for members who are 18 years of age and under and \$10 per dose for members who are 19 years of age and over. However, the co-payment for flu and pneumococcal immunizations will be no charge.
- Molokai and Lanai:
  - Kaiser Permanente will have clinicians based on the islands of Molokai and Lanai. Please contact Kaiser's Customer Service Center at 432-5955 (Oahu) or 1-800-966-5955 (Neighbor Islands) for more information.

**High Deductible Health Plan Option:** EUTF HDHP (HMSA Medical and Drug)

A High Deductible Health Plan (HDHP) is a medical plan that functions much like a PPO, but has a high deductible that must be satisfied before many benefits are payable. Some benefits, like preventive care, are payable before the deductible is met. An individual enrolled in the HDHP is eligible to open a Health Savings Account (HSA). Pre-tax contributions made to an HSA can be used to pay medical expenses until the calendar year deductible is satisfied. With tax-free savings that roll over year after year, an HSA is an attractive vehicle for funding medical costs and even retirement savings for some people. Also, individuals desiring only catastrophic coverage can enjoy lower monthly costs. This is explained in greater detail beginning on [page 15](#).

**Prescription Drug Plan:** EUTF Prescription Drug Plan (NMHC)

The EUTF's prescription drug plan is administered by National Medical Health Card (NMHC). This plan is the prescription drug coverage for the PPO options, administered by HMA and HMSA, for the supplemental medical plan administered by HMSA, and for stand-alone drug coverage.

**Supplemental Medical Plans:** EUTF Supplemental (HMSA), EUTF Drug (NMHC) & RSN Chiropractic  
Royal State Supplemental, RSN Drug & RSN Chiropractic

Supplemental Medical Plans are intended to pay expenses that are not covered by another, primary medical plan. If you have a medical plan through your spouse or another source, you can choose these plans to cover any co-payments or coinsurance charged by that plan. This means most likely you would have no out-of-pocket expenses, though you would have additional premiums for the plan. You can enroll in a supplemental plan only if you have another medical plan coverage not provided through the State or counties.

**Chiropractic:** Royal State National (RSN)

Services for this benefit are provided by ChiroPlan Hawaii. The plan benefits include the initial exam, any necessary x-rays (when taken in a ChiroPlan provider's office), therapeutically necessary chiropractic treatment and therapeutic modalities. The co-payment is \$15 per visit up to 20 visits per calendar year. Chiropractic services must be received by a credentialed ChiroPlan Provider.

- The chiropractic benefit is packaged with all active medical plans except the High Deductible Health Plan.

**Dental:** Hawaii Dental Service (HDS)

Your plan provides:

- 100% coverage for diagnostic and preventive services
- 80% coverage for basic services such as fillings, root canals and oral surgery
- 60% coverage on all major work such as crowns, bridges and dentures
- Your deductible is \$50 per plan year, beginning July 1st of each year
- Services covered at 100% are not subject to the deductible
- The plan maximum is \$2,000 per plan year, beginning July 1st of each year
- Your plan will also pay up to \$1,000 for orthodontic services

**Vision:****Vision Service Plan (VSP)**

Your Coverage from a VSP Doctor

Exam covered in full every plan year<sup>1</sup>, after a \$10 Copay

Prescription Glasses

Lenses covered in full every plan year<sup>1</sup>, after a \$25 Copay

Frame every other plan year<sup>1</sup>

- Up to \$120, plus 20% off any out-of-pocket costs

~OR~

Contact Lenses every plan year<sup>1</sup>

- \$120 allowance

Extra Discounts and Savings available

- Glasses and Sunglasses
- Contacts
- Laser Vision Correction

Dollar for dollar, you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You will also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call VSP first at 800-877-7195.

<sup>1</sup>Plan year begins in July.

**Life Insurance:****Standard Insurance Company**

Your life insurance benefit remains at \$36,225, for active participants. Since this benefit is fully paid by employers for all eligible employees and the coverage is the same for everyone, you do not need to make an election for this coverage.

- Your benefit will reduce once you reach age 65 and continue to reduce as follows:
  - \$23,546 for participants age 65 through 69
  - \$16,301 for participants age 70 through 74
  - \$10,868 for participants age 75 through 79
  - \$7,245 for participants age 80 and over

In addition, your life insurance includes the following added benefits:

- Portability - this provision allows a terminated participant to continue their life insurance at a group discounted rate instead of an individual rate, provided they meet the eligibility requirements.
- Accelerated Benefit – allows you to receive an early payment of a portion of your life insurance if you have a Qualified Medical Condition and meet certain requirements.
- Repatriation of remains benefit – this benefit reimburses an individual who incurs expenses related to transporting your remains back to a mortuary near your primary place of residence if you pass away 200 miles or more away from home.
- Travel assist benefit – helps you respond to medical care situations when you are 100 miles or more away from home.

## SUMMARY OF BENEFITS

THIS COMPARISON IS A SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN. Benefits will be administered as described in each plan's documents. For further information contact the carrier.									
Plan Provisions	PPO In-Network (HMA & HMSA)	PPO Out-of-Network (HMA & HMSA)	Kaiser Comprehensive	Kaiser Basic	HMO (HMSA)	HDHP (HMSA) In-Network	HDHP (HMSA) Out-of-Network	Supplemental (Royal State)	Supplemental (HMSA)
<b>General</b>									
Deductible Single/Family <sup>1</sup>	None <sup>2</sup>	\$100/\$300	None/None	None/None	None/None	\$1,500/ \$3,000	\$1,500/ \$3,000	None	None
Out-of-pocket limit Single/Family <sup>1</sup>	\$2,000/ \$6,000	\$2,000/ \$6,000	\$2,000/ \$6,000	\$2,000/\$6,000	\$1,500/ \$4,500	\$4,000/ \$8,000	\$4,000/ \$8,000	None	\$10,000
Lifetime Benefit Maximum	None	None	None	None	None	\$2,000,000	\$2,000,000	None	\$1,000,000
Policy Year Benefit Maximum	None	None	None	None	None	None	None	Medical Services: \$3,000; Rx: \$100/\$300	None
<b>Physician Services</b>									
Primary Care Office Visit	10%	30%	\$15	\$25	\$15	10%	30%	Co-pay covered	50%
Specialist Office Visit	10%	30%	\$15	\$25	\$15	10%	30%	Co-pay covered	50%
Routine physical exams	No Charge	No Charge*	\$15	\$25	\$15	No Charge	No Charge	Co-pay covered	Not Covered
Screening Mammography	10%	30%*	No Charge	No Charge	No Charge	No Charge	30%	Co-pay covered	In-network - No Charge; Out- of-Network - 50%
Immunizations	No Charge	No Charge*	No charge or \$10	No charge or \$10	No Charge	No Charge	No Charge	Co-pay covered	50%
Well Baby Care Visits	No Charge	30%*	\$15	\$25	\$15	No Charge	30%	Co-pay covered	In-network - No Charge; Out- of-Network - 50%
Maternity	Same as any other condition	Same as any other condition	Routine OB care: no charge, after confirmation of pregnancy	No Charge, after confirmation of pregnancy	No Charge, Routine Pre/Post Natal Care & Delivery	Same as any other condition	Same as any other condition	Co-pay covered	Same as any other condition

<sup>1</sup> Per Calendar Year.<sup>2</sup> Except for Nutritional Counseling.

\* Deductible does not apply.

THIS COMPARISON IS ONLY A SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN. Benefits will be administered as described in each plan's documents.  
For further information contact the carrier.

Plan Provisions	PPO In-Network (HMA & HMSA)	PPO Out-of-Network (HMA & HMSA)	Kaiser Comprehensive	Kaiser Basic	HMO (HMSA)	HDHP (HMSA) In-Network	HDHP (HMSA) Out-of-Network	Supplemental (Royal State)	Supplemental (HMSA)
Second opinion – surgery	10%	30%	\$15	\$25	\$15	10%	30%	Co-pay covered	50%
Emergency Room (ER care)	10%	10%*	\$50	\$75	\$25 (in-state \$25 Bluecard) 20% (worldwide)	10%	10%	Co-pay covered	50%
Ambulance	10%	30%	20%	20%	20%	10%	30%		50%
<b>Inpatient Hospital Services</b>									
Room & Board	10%	30%	No Charge	\$100 per day (except routine post-partum days)	No Charge	10%	30%	Co-pay covered	50%
Ancillary Services	10%	30%	\$15 per department per day	50%	No Charge	10%	30%	Co-pay covered	50%
Physician services	10%	30%	No Charge	No Charge	No Charge	10%	30%	Co-pay covered	50%
Surgery	10%	30%	No Charge	No Charge	No Charge	10%	30%	Co-pay covered	50%
Anesthesia	10%	30%	No Charge	No Charge	No Charge	10%	30%	Co-pay covered	50%
<b>Outpatient Services</b>									
Chemotherapy /Radiation Therapy	10%	30%	\$15	\$25	\$15	10%	30%	Co-pay covered	50%
Surgery	10%	30%	\$15	\$25	\$15	10%	30%	Co-pay covered	50%
Diagnostic Lab	10%	30%	\$15 per department per day	50%	No Charge	10%	30%	Co-pay covered	50%
Diagnostic X-ray	10%	30%	\$15 per department per day	50%	\$15 per X-ray	10%	30%	Co-pay covered	50%
Anesthesia	10%	30%	No Charge	No Charge	\$15	10%	30%	Co-pay covered	50%

THIS COMPARISON IS ONLY A SUMMARY OF YOUR PAYMENT OBLIGATIONS UNDER EACH PLAN. Benefits will be administered as described in each plan's documents. For further information contact the carrier.									
Plan Provisions	PPO In-Network (HMA & HMSA)	PPO Out-of- Network (HMA & HMSA)	Kaiser Comprehensive	Kaiser Basic	HMO (HMSA)	HDHP (HMSA) In-Network	HDHP (HMSA) Out-of- Network	Royal State Supplemental	Supplemental (HMSA)
<b>Mental Health Services</b>									
Inpatient care	10%	30%	No Charge	20%	No Charge	10%	30%	Co-pay covered	50%
Outpatient Care	10%	30%	\$15	20%	\$15	10%	30%	Co-pay covered	50%
<b>Other Services</b>									
Durable Medical Equipment	10%	30%	20%	Not Covered	20%	10%	30%	Co-pay covered	50%
Home Health care	No Charge	30%	No Charge	No Charge	No Charge	No Charge	30%	Co-pay covered	50%
Hospice Care	No Charge	Not Covered	No Charge	No Charge	No Charge	No Charge	Not Covered	Co-pay covered	In-network - No Charge; Out-of-Network – Not Covered
Nursing facility - skilled care	10%, 120 days per calendar year	30%, 120 days per calendar year	No Charge, 100 days per calendar year	No Charge, 60 days per calendar year	No Charge, 100 days per calendar year	10%; 120 days per calendar year	30%; 120 days per calendar year	Co-pay covered	50%; 120 days per calendar year
Physical & Occupational Therapy	10%	30%	\$15	\$25	\$15 (Outpatient)	10%	30%	Co-pay covered	50%
<b>Prescription Drugs**</b>	<b>NMHC</b>	<b>NMHC</b>	<b>Kaiser</b>	<b>Kaiser</b>	<b>HMSA</b>	<b>HMSA</b>	<b>HMSA</b>	<b>Royal State</b>	<b>NMHC</b>
Generic co-pay (1st Level)	\$5	\$5 + 20%	\$15	\$15	\$5 (in network) \$5 + 20% (out of network)	\$5***	\$5*** + 20%	Co-pay covered up to \$10 per Rx	All Charges Exceeding Plan Payment of \$20
Preferred co-pay (2nd Level)	\$15	\$15 + 20%	\$15	\$15	\$15 (in network) \$15 + 20% (out of network)	\$15***	\$15*** + 20%	Co-pay covered up to \$10 per Rx	All Charges Exceeding Plan Payment of \$20
Brand co-pay (3rd Level)	\$30	\$30 + 20%	\$15	\$15	\$30 (in network) \$30 + 20% (out of network)	\$30***	\$30*** + 20%	Co-pay covered up to \$10 per Rx	Not Applicable
90-day mail order	\$10 Generic \$35 Preferred \$60 Other Brand	Not Covered	\$30	\$30	\$10 Generic \$35 Preferred \$60 Other Brand	\$10*** Generic \$35 Preferred \$60 Other Brand	Not Covered	Co-pay covered up to \$10 for each 30 day order	Not Applicable

\*\* Note that the prescription drug benefit for the PPO plans and the EUTF Supplemental plan are administered by National Medical Health Card (NMHC).

\*\*\* Note that prescription drug co-payments are not applicable for the high deductible health plan until the deductible is met.

## High Deductible Health Plans

High Deductible Health Plans (HDHPs) will give State and county employees more opportunities to save and better manage their hard-earned dollars. With an HDHP, the plan's calendar year deductible must be met before the plan begins paying benefits. There is an exception for preventive care; when you receive preventive care services, such as an annual physical, you will not pay for this service, but a maximum dollar amount may apply.

The EUTF HDHP's **calendar year deductible** is

- \$1,500 for self enrollment and
- \$3,000 for family enrollment.

The maximum out-of-pocket limits are \$4,000 for self enrollment and \$8,000 for family enrollment.

Once the calendar year deductible has been satisfied, the health plan will pay most covered benefits at 90%, if you use a network provider. In high deductible health plans, as opposed to other plans, all of the following expenses count toward the out-of-pocket limit:

- the deductible,
- coinsurance, and
- drug co-payments.

## Health Savings Account (HSA)

Health Savings Accounts were created by the Medicare Prescription Drug, Improvement and Modernization Act of 2003. HSAs are a tax-free savings vehicle for medical expenses. **To have an HSA, you must be enrolled in an HDHP.**

**You are responsible for setting up your account.** Check with your financial institution. You can use the money in your HSA to pay for qualified medical expenses for you, your spouse, and your dependents. You can also use money in your HSA to pay for expenses subject to the plan's deductible.

### How Is Money Put into Your HSA?

You can make voluntary contributions.

**Note:** Interest can also accrue in your account.

Your account can be funded annually up to \$2,900 for self coverage or \$5,800 for two-party or family coverage.

### Features of an HSA

You can make tax-deductible contributions to your HSA. You have until April 15 of the following year to make your contributions for any tax year.

There is an exception to the maximum annual contribution for individuals between 55 and 65. If you are between the ages of 55 and 65, you can contribute more to your HSA than the normal maximum. These contributions are called "catch up contributions" and you can make them each year beginning at the age of 55 until you reach 65. In 2008, you can make an additional voluntary contribution of \$900 to your HSA and every year thereafter that until you reach 65, you can make an additional \$1000 contribution.

### How Do HSAs Work?

Your voluntary contributions are recorded on your tax form (such as a 1040) as a tax deduction (applies with either itemized or standard deduction). Your contributions can earn tax-free interest and can be used to pay for qualified medical expenses. If you use the money for non-medical expenses, you have to pay regular tax and a 10% tax penalty if you are under age 65. When you use money in your HSA to pay for qualified medical expenses, you do not have to pay taxes on the withdrawal.

The money left in your account at the end of each year (including the interest) is kept in your account for the next year.

If you retire, leave your job or change health plans, your HSA is yours to keep.

Your HSA can be held by a qualified trustee or custodian. You select a trustee or custodian for voluntary contributions. This can be a bank, an insurance company, or a Federal credit union.

You can have the following insurance coverage and still be eligible for an HSA: accident, disability, dental care, vision care, long-term care, specified disease or illness, and insurance that pays a fixed amount per day of hospitalization.

You **can not** have any other comprehensive insurance such as Medicare, TRICARE or TRICARE-for-Life or have used any VA medical services within the past 3 months. You also cannot have a general Health Care Flexible Spending Account. Someone cannot claim you as a dependent on their tax return. If you do not meet the eligibility requirements for an HSA you may still enroll in the HDHP plan but will not be eligible for the tax-free benefits.

### **Who is responsible for the distribution of funds from the HSA?**

It is the individual's responsibility to determine whether HSA distributions are used for qualified medical expenses. In other words, the HSA trustees or custodians do not monitor your distributions to ensure they are being used for qualified medical expenses.

This means that you must maintain records of medical expenses to show that the distributions were used for qualified medical expenses. The IRS may request these records during an audit. The mechanics of distribution from the trustee are plan-specific.

## **If You or One of Your Dependents Are Eligible for Medicare**

### **Pages 16 through 19 Apply to You**

The **Medicare Prescription Drug Program** (Medicare Part D) was established to provide prescription drug coverage for eligible Medicare individuals. Your employer is required to inform you whether or not your prescription drug plan is creditable or non-creditable.

### **Notice of Creditable Coverage (see page 17)**

Since you are or may become eligible for Medicare during the next year, the EUTF is required by law to notify you regarding your rights to the Medicare Part D prescription drug coverage. If you are enrolled in an EUTF plan other than a supplemental plan, your prescription drug benefits are as good as or better than the standard Medicare Part D drug benefits. Although you have the right to join a Medicare Part D prescription drug plan, doing so may disrupt your regular medical coverage, and you do not have to do so at this time. Medicare will not penalize you if you decide to enroll in a Medicare Part D plan in the future, because the prescription drug coverage you now have through the EUTF is creditable coverage.

If you decide to join a Medicare Part D plan, you should compare the different drugs that are available under your current plan with EUTF and the alternative plans. Not all Medicare Part D plans cover the same drugs, nor provide the coverage at the same cost.

### **Notice of Non-Creditable Coverage (see page 18)**

If you are enrolled in a supplemental medical plan, the EUTF has determined that your prescription drug benefits are not as good as or better than the standard Medicare Part D drug benefits. As a rule, you are enrolled in the supplemental medical plan because you are also enrolled in another prescription drug plan and you should have received a Notice of Creditable Coverage from that other plan. If your other plan's prescription drug benefits are also non-creditable coverage, you should consider enrolling in Medicare Part D when you first become eligible to do



so. If you don't enroll in Part D when you are first eligible to do so, you may have to pay a penalty (a higher premium) for your Part D coverage when you later do enroll, and you may have to pay that penalty for as long as you are covered under Part D.

It is important to note that if you enroll in a Medicare Part D plan, the EUTF will not reimburse you for the premiums.

## Notice of Creditable Coverage

### Important Notice of Creditable Coverage from Hawaii Employer-Union Health Benefits Trust Fund (EUTF) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with EUTF and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The EUTF has determined that the prescription drug coverage offered by National Medical Health Card (NMHC) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

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Because your existing prescription drug coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. A beneficiary leaving the EUTF coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current medical coverage with the EUTF pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with EUTF and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage, contact our office for further information at (808) 586-7390 or toll free at 1-800-295-0089.

NOTE: You will receive this notice annually and at other times in the future, such as, before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through the EUTF changes. You also may request a copy.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans visit [www.medicare.gov](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help,

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you later enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: 4/1/08

Name of Entity/Sender: Hawaii Employer-Union Health Benefits Trust Fund

Contact--Position/Office: Customer Service

Address: 201 Merchant Street, Suite 1520, Honolulu HI 96813

Phone Number: 808-586-7390

## Notice of Non-Creditable Coverage

### Important Notice of Non-Creditable Coverage from Hawaii Employer-Union Health Benefits Trust Fund (EUTF) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with EUTF and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage, and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

Medicare prescription drug coverage became available to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage in 2006. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The EUTF has determined that the prescription drug coverage offered in its supplemental plans is, on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Non-Creditable Coverage. Since your enrollment in the supplemental plan indicates that you have another medical plan, that other plan's prescription drug coverage may be as good as or better than the standard Medicare prescription drug coverage. You will need to check with your other plan to find out if this is the case.

You have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you enroll. Read this notice carefully - it explains your options.

### What to Do If You Have Non-Creditable Coverage:

Because the coverage you have with the EUTF'S supplemental plans is, on average for all plan participants, NOT expected to pay out as much as the standard Medicare prescription drug coverage will pay, consider enrolling in a Medicare prescription drug plan.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. A beneficiary leaving the EUTF's coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

This may mean that you will have to wait to enroll in Medicare prescription drug coverage and that you may pay a higher premium (a penalty) if you join later and you will pay that higher premium as long as you have Medicare prescription drug coverage.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your premium will go up at least 1% per month for every month after May 15, 2006, that you did not have that coverage. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. For example, if you go nineteen months without prescription drug coverage that's at least as good as Medicare's, your premium will always be at least 19% higher than what many other people pay.

Your current medical coverage with the EUTF pays for other health expenses in addition to prescription drug expenses. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits through EUTF's supplemental plans.

If you drop your current prescription drug coverage through EUTF's supplemental plans and enroll in Medicare prescription drug coverage through another plan, you may enroll back into an EUTF plan during the open enrollment period under the EUTF-sponsored plans.

When you make your decision, you should also compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. For more information, contact us at (808) 586-7390 or toll free 1-800-295-0089.

**NOTE:** You will receive this notice annually and at other times in the future, such as before the next Medicare prescription drug coverage open enrollment period, and if the EUTF's supplemental plans change. You also may request a copy.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare-approved prescription drug plans. For more information about Medicare prescription drug plans visit [www.medicare.gov](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 4/1/08

Name of Entity/Sender: EUTF

Contact--Position/Office: Customer Service

Address: 201 Merchant Street, Suite 1520, Honolulu HI 96813

Phone Number: 808-586-7390

**EUTF Contact Information**

Mailing Address:  
P.O. Box 2121  
Honolulu, HI 96805

Location Address:  
City Financial Tower  
201 Merchant Street, Suite 1520  
Honolulu, Hawaii

Local number: 808-586-7390  
Toll-Free number: 800-295-0089  
Fax number: 808-586-2161

Email address: [eutf@hawaii.gov](mailto:eutf@hawaii.gov)  
Website address: [www.eutf.hawaii.gov](http://www.eutf.hawaii.gov)

**NEED MORE INFORMATION?****HMA:**

Oahu: (808) 951-4694  
Toll Free: (866) 331-5913  
Monday-Friday: 7:30 AM-5:00 PM

**HMSA:**

Oahu: (808) 948-6499  
Hilo, Hawaii: (808) 935-5441  
Kailua-Kona, Hawaii: (808) 329-5291  
Kahului, Maui: (808) 871-6295  
Lihue, Kauai: (808) 245-3393  
Toll Free: (800) 776-4672  
Monday-Friday: 8:00 AM-4:00 PM

**Kaiser:**

Oahu: (808) 432-5955  
Toll Free: (800) 966-5955  
Monday-Friday: 8:00 AM-5:00 PM  
Saturday: 8:00 AM-12:00 PM

**Royal State National:**

Chiropractic Benefit  
Customer Service: (808) 681-4774  
Toll-Free: (800) 414-8845  
Monday-Friday: 8:00 AM-4:30 PM

**Royal State National:**

Supplemental Plan  
Customer Service: (808) 539-1677  
Toll-Free: (888) 942-2447  
Claims: (808) 539-1621  
Monday-Friday: 8:00 AM-4:30 PM

**NMHC:**

Toll-Free: (866) 533-6977  
Available 24 hours a day

**HDS:**

Oahu: (808) 529-9310  
Toll Free: (866) 702-3883  
Monday-Friday: 7:30 AM-4:30 PM

**VSP:**

Oahu: (808) 532-1600  
Toll Free: (800) 522-5162  
Monday-Friday: 7:30 AM-4:30 PM  
Toll Free for Mainland: (800) 877-7195  
Monday-Friday: 5:00 AM-7:00 PM (PST)  
Saturday: 6:00 AM-2:30 PM (PST)

**Standard Insurance Company:**

Toll Free: (888) 408-2298  
Monday-Friday: 7:30 AM-4:30 PM